

**OFFICE OF HOME ENERGY PROGRAMS (OHEP)
MARYLAND ENERGY ASSISTANCE PROGRAM (MEAP)
APPLICATION INSTRUCTIONS FOR MEAP BENEFITS FOR
HOMELESS AND DOMESTIC SHELTERS**

Shelters are to complete the attached forms in order to qualify for payments on behalf of shelter residents residing during the heating season from October 1st to March 31st.

The applications for MEAP shelter benefits consist of three parts:

1. Shelter Assistance Application
2. Heating Cost Documentation Form
3. Resident Information Forms

1. Shelter Operator's Application (Form 1)

Applications are accepted from domestic violence or homeless shelters if the shelter operator meets the criteria established by the State Department of Human Resources, Community Services Administration, Office of Home Energy Programs.

An eligible shelter is one whose primary function is to provide temporary overnight or intermediate shelter to homeless persons who are eligible for MEAP. Residential treatment programs including those funded by Juvenile Services, Office on Aging, DHR and DHMH are not eligible for MEAP funds. While the excluded programs are certainly worthy, prevent homelessness and from time to time include homeless persons as residents, their principle mission is not to serve homeless persons but to provide supported/supervised housing to those with special needs.

All shelter operators who wish to receive MEAP shelter benefits must apply before April 30. Each shelter operator must provide the following information on the Shelter Operator's Application:

- Shelter's Name (incorporated and common use name if different).
- Address of building for which application for heating assistance is made.
- Address of Operating Group/Agency if different.
- Name and telephone number of the shelter operator's manager or other key contact person.
- The total number of beds available on an average night during the heating season.
- An un-duplicated count of the total number of different individuals sheltered by the facility last year.
- Type of heating system and primary heating fuel type.
- Living space in building (square footage).

When determining total building square footage, the shelter **may include** dining area, kitchen facilities, including soup kitchens, counseling areas, and other space utilized by shelter residents at least fifty percent (50%) of the time during the current heating season. A shelter may not include administrative office space where the heating costs are shared in part with other agencies occupying the building.

2. Shelter Heating Cost Documentation Form (Form 2)

By April 30, the shelter shall provide proof of the actual energy cost for the building during the heating season from October 1 to March 31. Proof shall include delivery tickets and/or utility bills identifying amounts used and the costs along with a completed Shelter Energy Cost Documentation Form. This form is used to compute the grant. Only properly documented costs not covered by other assistance grants shall be included in the grant computation.

This heating season, shelters may seek reimbursement for oil or other heating fuel purchased **after July 1**. This encourages shelters to purchase oil at pre-season discount prices.

3. Shelter Resident Information Form (Form 3) or (Form 4)

The Shelter Resident Information Form must be completed for each eligible client served from the date of receipt of the application **through March 31** and submitted each month during the heating season for each adult resident head of household. For each such resident the shelter operator must record on the form the following information:

- Name of Shelter
- Month information is provided
- Year
- Head of household social security number (**REQUIRED**)
- If applicable, spouse's social security number
- Last name, first name, middle initial (optional - may be excluded if client desires confidentiality)
- Birthdate
- Sex
- Type of household income or benefit (Check all that apply)
- Total number of household members
- Total income for last thirty days.

This year, another option is to submit the Resident Information Affirmation form for the heating season. SEE Form 4

The Shelter Resident Information Form is used to document the eligibility of shelter residents. The following chart lists income guidelines by size of household. If the household income is less than the amount listed at the right, the resident is probably eligible for energy assistance and would qualify the shelter to receive benefits.

FY	
HOUSEHOLD SIZE	MONTHLY INCOME
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$

*Add \$566 to gross monthly income for each additional household member.

Shelter Operator's Application Form (Attachment A) should be sent to the local administering agency serving your county.

Form 2 must be submitted before April 30.

Form 3 and **Form 4** must be submitted each month for each eligible client served from the date of receipt of application through March 31st.

Information on Conservation and Efficiency:

Recently the Federal Department of Energy (DOE) added homeless shelters to the list of eligible applicants for weatherization. This is a limited service that can reduce heating loss by various structural improvements. This service depends on local choices of weatherization services and funds. Contact your local county weatherization office.

The MEAP energy grant funds are paid retroactively. This might be the time to use some of these funds for a professional energy audit and invest in conservation and efficient equipment. This will reduce your energy costs in future years. All energy costs could be higher in future years.

To get analysis the following organizations offer this service.

The national organization is the Resident Energy Services Network (RESNET)

Their web site is natresnet.org

Energy Services Group – 800-908-7000

NSpects - 888-677-3281

Form 1

**OFFICE OF HOME ENERGY PROGRAMS
MARYLAND ENERGY ASSISTANCE PROGRAM**

Application for Domestic Violence and Homeless Shelters

SHELTER NAME: _____

ADDRESS: _____
_____ ZIP _____

OPERATING GROUP/AGENCY NAME (If different): _____

ADDRESS (If different): _____
_____ ZIP _____

NAME OF CONTACT PERSON: _____ TELEPHONE NO: _____

COUNTY (IES) SERVED BY SHELTER: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

Check the primary type of overnight shelter:

- ☐ Emergency shelter in formal facility
☐ Emergency shelter in motel
☐ Transitional shelter/housing
☐ Other _____

Does your shelter use the Homeless Management Information System (HMIS)? _____

Please give an un-duplicated count of the total number of different individuals (adults and children) sheltered by your facility last year. _____

Heating System(s): _____

Primary Fuel Supplier: _____

Heating bills are paid by: _____

Shelter residential space (approximate square footage): _____

I affirm that all information included in this Application Form is, to the best of my knowledge and belief, properly completed. I understand that legal action may be taken against me for making false statements. My signature on this Application authorizes the Maryland Department of Human Resources to verify the information that I have provided. I further understand that the receipt of energy assistance benefits is contingent upon the availability of federal funds.

(Date)

Chief Executive Officer (signature)

Typed Name

PLEASE COMPLETE AND SUBMIT TO YOUR COUNTY OHEP OFFICE.

MARYLAND ENERGY ASSISTANCE PROGRAM
RESIDENT INFORMATION FORM
HOMELESS AND DOMESTIC VIOLENCE SHELTERS

REQUIRED INFORMATION:

1. Applicant Social Security Number: _____
2. Spouse Social Security Number (if applicable): _____

OPTIONAL INFORMATION:

3. Applicant Name: _____
4. Birthdate (mm/dd/yy): _____
5. Sex (check one): Male ☐ Female ☐
6. Type of Household Income (Check all that applies):
1. Employment ☐ 2. Unemployment ☐ 3. TCA ☐ 4. Other Public Assistance ☐
5. Social Security ☐ 6. SSI ☐ 7. VA/Pension ☐ 8. Zero Income ☐ 9. Other ☐

7. Total number of people in household: _____

8. Enter the number of persons who are:

Disabled ☐ Migrant Workers ☐ American Indians or Alaskan Natives ☐
Under age 6 ☐ Under age 3 ☐ Under age 18 ☐ Age 60 and over ☐

9. Total Monthly Household Income: \$_____ Percent of Poverty: _____%

Note: To calculate Percent of Poverty, divide the monthly income of the applicant household by 100% of poverty for the correct family size on the enclosed (Attachment E) income guideline chart or find the correct category on the chart.

Name of shelter: _____ Month: _____ Year: _____

Name of person completing this form: _____ Date: _____

RESIDENT INFORMATION AFFIRMATION

NAME OF SHELTER: _____

I affirm that documentation is on record that the individuals/families served by this shelter have provided their social security numbers and meet the income eligibility requirements of the Maryland Energy Assistance Program.

(Date)

Chief Executive Officer (Signature)

Printed or Typed Name

Form 5

PERCENT OF POVERTY DISTRIBUTION
Maximum Income by Percent of Poverty for FY

Household Size	0-75%	76-110%	111-150%	151-175%	176-200%
1					
2					
3					
4					
5					
Add for each additional					

Form 6

OFFICE OF HOME ENERGY PROGRAMS LOCAL ADMINISTERING AGENCIES	
AGENCY	Counties Served
<p>Allegany County H.R.D.C. 234 North Centre Street Cumberland, MD 21502-2221 301-777-8550</p>	Allegany County
<p>Anne Arundel County EOC, Inc. 251 West Street P.O. Box 1951 Annapolis, MD 21404-1951 410-626-1910</p>	Anne Arundel County
<p>Baltimore City DHCD Human Services Division 2700 N. Charles Street Baltimore, MD 21218 410-396-5555</p>	Baltimore City
<p>Baltimore County DSS Drumcastle Center 6401 York Rd Baltimore, MD 21212 410-853-3385</p>	Baltimore County
<p>Mail: Caroline County DSS 207 S. Third Street P.O. Box 100 Denton, MD 21629-1229 410-819-4500 Location: 300 Market St. Denton, MD 21629</p>	Caroline County
<p>Carroll County Human Service Programs P.O. Box 489 Westminster, MD 21157-5045 LOCATION: 10 Distillery Dr Westminster, MD 21158 410-857-2999</p>	Carroll County
<p>Cecil County DSS 133-35 E. Main Street Elkton, MD 21921-5624 410-996-0270 Location: 135 East High St</p>	Cecil County

OFFICE OF HOME ENERGY PROGRAMS LOCAL ADMINISTERING AGENCIES	
AGENCY	Counties Served
Elkton, MD 21921	
Dorchester Co. DSS 627 Race St P.O. Box 217 Cambridge, MD 21613 410-901-4100	Dorchester County
Frederick County DSS 100 E. All Saints Street P.O. Box 237 Frederick, MD 21701 301-694-2410	Frederick County
Garrett County CAC 104 E. Center Street Oakland, MD 21550-1397 301-334-9431	Garrett County
Harford County CAC 1321 B Woodbridge Station Way Edgewood, MD 21040 410-612-9909	Harford County
Howard County CAC 6751 Columbia Gateway Drive, 2nd Floor Columbia, MD 21046-2150 410-313-6440	Howard County
Kent County DSS 350 High Street P.O. Box 670 Chestertown, MD 21620 410-778-7716	Kent County
Montgomery County Department of Health and Human Services 1301 Piccard Drive Rockville, MD 20850-4320 240-777-4450	Montgomery County
Prince George's County DSS Mail: 805 Bright Seat Rd. Landover, MD 20785 Location: 425 Brightseat Rd Landover, MD 20785 301-909-6300	Prince Georges' County
Queen Anne's County Department of Social Services 125 Comet Dr. Centreville, MD 21617-0327	Queen Anne's County

OFFICE OF HOME ENERGY PROGRAMS LOCAL ADMINISTERING AGENCIES	
AGENCY	Counties Served
410-758-8000	
Shore Up!, Inc. 520 Snow Hill Road P.O. Box 430 Salisbury, MD 21803-0430 410-749-1142	Wicomico County Worcester County Somerset County
Southern MD Tri County C.A.C. 8371 Leonardtown Rd Luther Stuckey Bldg. PO Box 280 Hughesville, MD 20637-0280 301-274-4474	Calvert County Charles County St. Mary's County
Neighborhood Service Center 126 Port Street Easton, MD 21601-2631 410-822-5015	Talbot County
Washington Co. CAC 101 Summit Avenue Hagerstown, MD 21740-5562 301-797-4161	Washington County